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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

|  |  |                          |                                  |              |
|--|--|--------------------------|----------------------------------|--------------|
| <b>FEE TRANSMITTAL</b><br><b>for FY 2004</b><br><small>Effective 10/01/2003, Patent fees are subject to annual revision.</small> |  | <b>Complete if Known</b> |                                  |              |
|  |  | Application Number       | 09/202,791                       |              |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |  | Filing Date              | Int'l Filing Date: June 26, 1997 |              |
|  |  | First Named Inventor     | Kouji MATSUSHIMA                 |              |
|  |  | Examiner Name            | D. Ware                          |              |
| TOTAL AMOUNT OF PAYMENT (\$)   |  | 2,780.00                 | Attorney Docket No.              | 350292000500 |

| <b>METHOD OF PAYMENT</b> (check all that apply)  |          | <b>FEE CALCULATION</b> (continued) |          |  |          |                 |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |      |      |  |  |  |  |
|--|----------|------------------------------------|----------|--|----------|-----------------|----------|----------|----------|----------|----------|------|-----|------|-----|------------------------|--|------|-----|------|-----|-----------------------------------|--|------|-----|------|-----|---------------------------------------|--|------|-----|------|-----|--|--|------|-----|------|----|--|--|--------------|--|--|--|------|------|--|--|--|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None  |          | <b>3. ADDITIONAL FEES</b>          |          |  |          |                 |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |      |      |  |  |  |  |
| <input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: 03-1952<br>Deposit Account Name: Morrison & Foerster LLP   |          |                                    |          |  |          |                 |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |      |      |  |  |  |  |
| The Director is authorized to: (check all that apply)  |          |                                    |          |  |          |                 |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |      |      |  |  |  |  |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments  |          |                                    |          |  |          |                 |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |      |      |  |  |  |  |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)   |          |                                    |          |  |          |                 |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |      |      |  |  |  |  |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.   |          |                                    |          |  |          |                 |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |      |      |  |  |  |  |
| <b>FEE CALCULATION</b>   |          |                                    |          |  |          |                 |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |      |      |  |  |  |  |
| <b>1. BASIC FILING FEE</b>   |          |                                    |          |  |          |                 |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |      |      |  |  |  |  |
| <table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="4">SUBTOTAL (1)</td><td>(\$)</td><td>0.00</td></tr></tbody></table>   |          | Large Entity                       |          | Small Entity   |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1001 | 770 | 2001 | 385 | Utility filing fee     |  | 1002 | 340 | 2002 | 170 | Design filing fee                 |  | 1003 | 530 | 2003 | 265 | Plant filing fee                      |  | 1004 | 770 | 2004 | 385 | Reissue filing fee                                 |  | 1005 | 160 | 2005 | 80 | Provisional filing fee                                     |  | SUBTOTAL (1) |  |  |  | (\$) | 0.00 |  |  |  |  |
| Large Entity   |          | Small Entity                       |          | Fee Description  | Fee Paid |                 |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |      |      |  |  |  |  |
| Fee Code   | Fee (\$) | Fee Code                           | Fee (\$) |  |          |                 |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |      |      |  |  |  |  |
| 1001   | 770      | 2001                               | 385      | Utility filing fee   |          |                 |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |      |      |  |  |  |  |
| 1002   | 340      | 2002                               | 170      | Design filing fee  |          |                 |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |      |      |  |  |  |  |
| 1003   | 530      | 2003                               | 265      | Plant filing fee   |          |                 |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |      |      |  |  |  |  |
| 1004   | 770      | 2004                               | 385      | Reissue filing fee   |          |                 |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |      |      |  |  |  |  |
| 1005   | 160      | 2005                               | 80       | Provisional filing fee                                     |          |                 |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |      |      |  |  |  |  |
| SUBTOTAL (1)   |          |                                    |          | (\$)   | 0.00     |                 |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |      |      |  |  |  |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>   |          |                                    |          |  |          |                 |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |      |      |  |  |  |  |
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| Large Entity   |          | Small Entity                       |          | Fee Description  | Fee Paid |                 |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |      |      |  |  |  |  |
| Fee Code   | Fee (\$) | Fee Code                           | Fee (\$) |  |          |                 |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |      |      |  |  |  |  |
| 1202   | 18       | 2202                               | 9        | Claims in excess of 20                                     |          |                 |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |      |      |  |  |  |  |
| 1201   | 86       | 2201                               | 43       | Independent claims in excess of 3                          |          |                 |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |      |      |  |  |  |  |
| 1203   | 290      | 2203                               | 145      | Multiple dependent claim, if not paid                      |          |                 |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |      |      |  |  |  |  |
| 1204   | 86       | 2204                               | 43       | ** Reissue independent claims over original patent         |          |                 |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |      |      |  |  |  |  |
| 1205   | 18       | 2205                               | 9        | ** Reissue claims in excess of 20 and over original patent |          |                 |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |      |      |  |  |  |  |
| SUBTOTAL (2)   |          |                                    |          | (\$)   | 0.00     |                 |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |      |      |  |  |  |  |
| Total Claims: <input type="text"/> ** = <input type="text"/> x <input type="text"/> = <input type="text"/>   |          |                                    |          |  |          |                 |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |      |      |  |  |  |  |
| Independent Claims: <input type="text"/> ** = <input type="text"/> x <input type="text"/> = <input type="text"/>   |          |                                    |          |  |          |                 |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |      |      |  |  |  |  |
| Multiple Dependent: <input type="text"/> = <input type="text"/>  |          |                                    |          |  |          |                 |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |      |      |  |  |  |  |
| Other fee (specify): <input type="text"/>  |          |                                    |          |  |          |                 |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |      |      |  |  |  |  |
| *Reduced by Basic Filing Fee Paid  |          | SUBTOTAL (3)                       |          | (\$)   | 2,780.00 |                 |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |      |      |  |  |  |  |

|                     |                |                                   |                |
|---------------------|----------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |                | <b>(Complete if applicable)</b>   |                |
| Name (Print/Type)   | Bruce D. Grant | Registration No. (Attorney/Agent) | 47,608         |
| Signature           |                | Telephone                         | (858) 720-7962 |
|                     |                | Date                              | July 15, 2004  |